



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/701,957
	Filing Date	November 5, 2003
	First Named Inventor	Akram et al.
	Group Art Unit	3723
	Examiner Name	M. Rachuba
	Attorney Docket Number	2269-2874.20US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Postcard receipt acknowledgment (attached to the front of this transmittal)	<input type="checkbox"/> Information Disclosure Statement, PTO/SB/08A; <input type="checkbox"/> copy of cited references	<input checked="" type="checkbox"/> Terminal Disclaimer and Check No. 7473 in the amount of \$130.00
<input checked="" type="checkbox"/> Duplicate copy of this transmittal sheet in the event that additional filing fees are required under 37 C.F.R. § 1.16	<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO/SB/08A; copy of cited references and Check No. in the amount of \$180.00	<input checked="" type="checkbox"/> Terminal Disclaimer and Check No. 7472 in the amount of \$130.00
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Associate Power of Attorney	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Response to Restriction Requirement/Election of Species Requirement dated	<input type="checkbox"/> Petition for Extension of Time and Check No. in the amount of \$	
<input type="checkbox"/> Amendment in response to office action dated	<input type="checkbox"/> Petition	
<input checked="" type="checkbox"/> Amendment under 37 C.F.R. § 1.116 in response to final office action dated January 12, 2005	<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Additional claims fee - Check No. in the amount of \$	<input type="checkbox"/> Certified Copy of Priority Document(s)	
<input type="checkbox"/> Letter to Chief Draftsman and copy of FIGS. with changes made in red	<input type="checkbox"/> Assignment Papers (for an Application)	
<input type="checkbox"/> Transmittal of Formal Drawings	Remarks	
<input type="checkbox"/> Formal Drawings (sheets)	The Commissioner is authorized to charge any additional fees required but not submitted with any document or request requiring fee payment under 37 C.F.R. §§ 1.16 and 1.17 to Deposit Account 20-1469 during pendency of this application.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Brick G. Power Registration No. 38,581
Signature	
Date	March 7, 2005

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Rachael M. Harris		
Signature		Date	March 7, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.